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CONFIRMATION NO. 6744

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|---|---|-------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 10/016,189 | FILING OR 371(c) DATE 12/06/2001 RULE | CLASS 514 | GROUP ART UNIT 1617 | ATTORNEY DOCKET NO. LFT000 CIP1 | |
| APPLICANTS Thomas W. Konowalchuk, Newport, OR; Jack Konowalchuk, Newport, OR; | | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 09/795,279 02/28/2001 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/02/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | | STATE OR COUNTRY OR | SHEETS DRAWING 0 | TOTAL CLAIMS 33 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | | |
| Verified and Acknowledged | | Examiner's Signature | | Initials | |
| ADDRESS 22798 | | | | | |
| TITLE Methods of inactivating viruses | | | | | |
| FILING FEE RECEIVED 487 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (.Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |